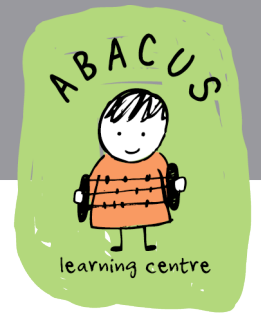


Centre-Based ABA Therapy



SAVE THIS FORM TO YOUR COMPUTER AND COMPLETE USING **ADOBE® READER®**

Dear Parent/Carer,

1. Please complete all sections of the enrolment form
2. All information is kept strictly confidential
3. Post to the Executive Manager, Abacus Learning Centre, 215 High Street, Hastings VIC 3915 (PO Box 266) or email to info@abacuslearning.org.au
4. Please include copies of any recent assessments

CHILD'S DETAILS

Surname	
Given Name(s)	
Name Child is Called (if different from given name)	
Date of Birth	
Country of Birth	
Language/s spoken at home	
Home Address	
	Suburb Postcode
Postal Address (if different from above)	
	Suburb Postcode

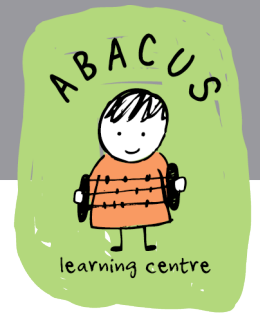
SIBLING DETAILS

	Name of Sibling	Date of Birth of Sibling
1.		
2.		
3.		
4.		

Child's position in the family

People living in the home other than parents and siblings

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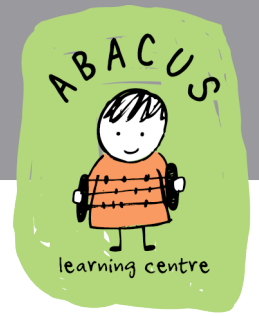
INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIAN

	Parent 1	Parent 2
Name		
Relationship to Child		
Address – as per child or:		
Home Phone		
Work Phone		
Mobile		
Email		
Does the child live with this parent?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		

	Guardian 1 (if applicable)	Guardian 2 (if applicable)
Name		
Address – as per child or:		
Home Phone		
Work Phone		
Mobile		
Email		
Does the child live with this guardian?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No

If the family a one parent family?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
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Family Structure	Please tick <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No [] go to the next section

Yes [] please complete the following:

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child, AND/OR

b) give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers (use additional page if necessary):

MEDICAL HISTORY

Has your child had any illnesses in the past or at present? (If asthma, please include a copy of their asthma management plan)

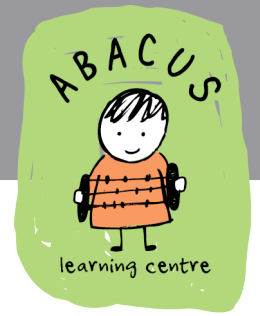
--

Is your child currently taking any medications?

--

Does your child have any food intolerances, allergies or special dietary requirements?

--



SENSORY DEFICITS

Did you ever feel your child might have had	
a) Hearing Difficulties	
b) Problems Seeing	
c) High Pain Level	

Does he / she show any sensitivity / fear of certain sounds (eg. vacuum, thunder, etc)?

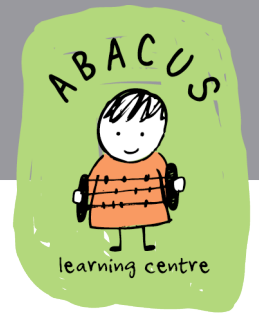
DEVELOPMENTAL HISTORY

Crawl		Walk	
Sit Up		Eat Solids	
Engage in Language		Sleep Through the Night	
Further Comments			

SOCIAL AND PLAY BEHAVIOUR

How does your child respond when you leave him / her?

Does your child show interest in playing with toys?
<p>Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List play / toys:</p> <div style="height: 80px;"></div>



LANGUAGE

Describe how your child's language has developed to this point in time

--

Do you think your child understands any words?

--

Does your child vocalize or say recognisable words? How many? When? Where?

--

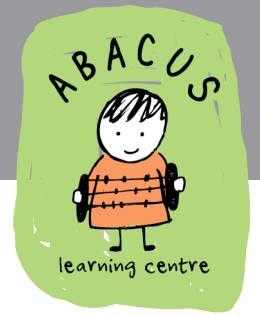
How is your child's articulation? Who can understand your child?

--

SELF-HELP SKILLS

Can you describe if your child has any of the following self-help skills and if yes, at what level is your child able to perform these functions?

Toileting	
Dressing	
Feeding	
Diet	



BEHAVIOURS

Does your child tantrum? How long and frequent? Describe behaviour during a tantrum.

When your child becomes upset, does he / she display aggressive behaviours, such as biting, pinching, hitting, etc?	
Towards Self	
Towards Others	
Towards Property	

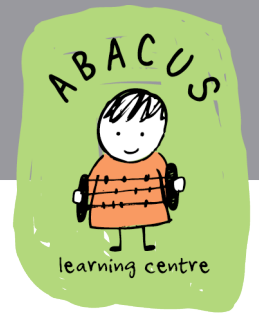
SELF-STIMULATORY BEHAVIOURS

Does your child engage in any behaviours in a routine, repetitive or ritualistic manner?

OTHER SERVICES

Are you currently receiving other services, or have you done so in the past and for how long?	
Speech	
Occupational Therapy	
Physical Therapy	
Other	

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Does your child currently attend playgroup, kinder, childcare or school? If so, which, where and for how many hours?

Do you give Abacus staff permission to contact your child's Playgroup / Childcare/ Kinder / School to discuss your child's progress?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
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What are the contact details of your child's Kinder / Crèche / Pre-school / Playgroup / School?	
Contact Name	
Address	
Telephone	

What days / times would you prefer your child attends the Abacus Learning Centre?

How many hours would you like your child to attend the Abacus Learning Centre?

Has your child been approved for FaHCSIA's Helping Children with Autism Package?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the approval letter
CRN Number	

Has your child been approved for National Disability Insurance Scheme funding?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your child's approved plan
NDIS Number	

Your child's immunisation record	Please attach a copy of your child's immunisation record indicating when and which immunisations your child has received to date
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